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COMMONWEALTH OF MASSACHUSETTS
Office of Consumer Affairs and Business Regulation
Home Improvement Contractor Program

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www.mass.gov/HomelImprovement

JAY ASH
SECRETARY OF HOUSING AND
ECONOMIC DEVELOPMENT

JOHN C. CHAPMAN
UNDERSECRETARY

DBA CHANGE FORM

Please complete (print) this form in ink and mail it to the above address with the following:

1. A **certified check or money order** for \$25, payable to: "Commonwealth of Massachusetts"
2. A copy of your business certificate from your city or town

Registered Contractor Name: _____ HIC Registration # _____

DBA Name: _____

Permanent Address: _____

City/Town: _____ State: _____ Zip code: _____

Mailing Address (if different): _____

City/Town: _____ State: _____ Zip code: _____

Home Phone # _____ Mobile Phone # _____

Email Address: _____

Contractor Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Date Received: _____ Date Processed: _____ Processed By: _____